

UNITED STATES PATENT AND TRADEMARK OFFICE

:REMOTE CONTROL DEVICE WITH

: SMART CARD CAPABILITY

Attorney Docket No. 00339

Art Unit: 2635

Examiner: Yang

In re application of: Stefanik et al.

09/751,280

Filed:

Serial No.:

December 29, 2000

Mail Stop: Amendment Commissioner for Patents

P.O. Box: 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

			••					
		;	STATUS					
2.	Appli	icant is						
		a small entity. A verified stat	tement:					
		is attached.						
		was already filed.						
	\boxtimes	other than a small entity.						
	CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)							
I hereby	I hereby certify that this correspondence is, on the date shown below, being:							
		MAILING	FACSIMILE					
deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.			☐ transmitted by facsimile to the Patent and Trademark Office.					
			Signature					
			(type or print name of person certifying					

09/01/2004 CCHAU1

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(Amendment Transmittal [9-19]-page 1

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
CLAII REMAII AFTE AMEND	NING ER	HIGHE PREVI PAID		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	9	MINUS	20	=0	x9=	\$0		x18=	\$0
INDEP.	2•	MINUS	3•••	=0	x 43=	\$0		X86=	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+130=	\$		+290=	\$	
		<u>.</u>			TOTAL ADDIT. FEE	\$0	OR	TOTAL ADDIT. FEE	\$0

- If the entry in Col. 1 is less than entry in Col. 2, write ")" in Col. 3.
- •• If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."
- ••• If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, enter "3."

 The "Highest No. Previously Paid for" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR § 1.116(a) (emphasis added).

Complete (c) or (d), as applicable)

			(-) (),		
(c)	\boxtimes	No additional fee for claim	s is required.		
			OR		
(d)		Total additional fee for cla	ims required \$	_	
		FE	E PAYMENT		
5.	\boxtimes	Attached is a check in the sum of \$_110.00			
		Charge Account No	the sum of \$		
		A duplicate of this transmi	ttal is attached.		

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. If any additional extension and/or fee is required, charge Account No.

7. <u>11-1110</u> .

AND/OR

If any additional fee for claims is required, charge Account No.

11-1110
.

Reg. No.: 40,120

Tel. No.: (412) 355-6288 Customer No. 42799 SIGNATURE OF ATTORNEY

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P.O. Box: 1450

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Date of Deposit August 30, 2004

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I hereby certify that the following attached paper or fee

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is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box: 1450, Alexandria, VA 22313-1450.

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and the title of the invention.

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(Express Mail Certificate [8-3])